

TOWN OF DAVIE TOWN COUNCIL AGENDA REPORT

TO: Mayor and Councilmembers

FROM/PHONE: Chief John George/693-8320 by Herb Hyman/797-1016

SUBJECT: Resolution

AFFECTED DISTRICT: n/a

TITLE OF AGENDA ITEM: A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRM OF GC WORKS, INC. TO DESIGN/BUILD A CRIME LAB AT THE POLICE DEPARTMENT AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH SERVICES.

REPORT IN BRIEF: The Town solicited competitive sealed proposals for consulting services to design/build a crime lab at the police department. RFP documents were sent to twenty-three (23) prospective proposers. Additionally, the bid was advertised state-wide in Florida Bid Reporting and nationally in BidNet and also posted on the Town's web site. The Town received two (2) proposals. The selection committee heard oral presentations from the short listed firms. Following oral presentations, the selection committee ranked the firms. The recommendation is for GC Works, Inc. as the top ranked firm in accordance with the ranking totals attached hereto.

PREVIOUS ACTIONS: Not applicable.

CONCURRENCES: The firm of GC Works, Inc. was chosen by the selection committee.

FISCAL IMPACT:

Has request been budgeted? yes

If yes, expected cost: to be negotiated

Account Name: Capital Improvement Program- Police Department Crime Lab
and Building Exhaust Accounts

Additional Comments: Not applicable

RECOMMENDATION(S): Motion to approve the resolution.

Attachment(s):

Procurement Authorization
Selection Committee Rankings
Incorporation information

RESOLUTION NO. _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRM OF GC WORKS, INC. TO DESIGN/BUILD A CRIME LAB AT THE POLICE DEPARTMENT AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH SERVICES.

WHEREAS, the Town solicited proposals to design/build a crime lab at the Police Department;
and

WHEREAS, the selection committee has selected GC Works, Inc. as the firm best qualified to provide the required services; and

WHEREAS, it is in the Town's best interest to execute a contract for such services.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA:

SECTION 1. The Town Council of the Town of Davie does hereby accept the selection of GC Works, Inc. as the firm best qualified to provide the required services and authorizes the Town Administrator or his designee to negotiate an agreement for such services and present that contract for approval at a future meeting date. Should no agreement be reached with the highest ranking firm, then the Town Administrator or his designee shall negotiate with the next ranked firm and present that agreement for approval.

SECTION 2. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS _____ DAY OF _____, 2006

MAYOR/COUNCILMEMBER

Attest:

TOWN CLERK

APPROVED THIS _____ DAY OF _____, 2006

**TOWN OF DAVIE
PROCUREMENT AUTHORIZATION**

ACCOUNT NUMBER 030-3505-591-6702 **BUDGET ITEM & DESCRIPTION** CRIME LAB **APPROXIMATE COST** \$67,000

METHOD OF PROCUREMENT (check the one that applies)

- ☒ X Open Competitive Bidding
☐ Piggyback on Contract Number _____
☐ Sole Source
☐ Request For Proposals

SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED

Signed [Signature]
Department Head

Have Funds been Reserved Res. 34761

Date 7/21/06 Signed [Signature]

Signed [Signature]
Town Administrator

BIDS SUBMITTED

VENDOR	COST
GC WORKS, INC.	RANKED 1 ST
CORAL-TECH ASSOCIATES	RANKED 2 ND

Signed [Signature]
Procurement Manager

BID SPECIFICATION COMMITTEE'S RECOMMENDATION

Vendor	Cost
GC WORKS, INC.	RANKED 1 ST

	A	B	C
1			
2			
3		CRIME LAB AT PD	
4			
5			
6	COMMITTEE MEMBER	CORAL-TECH	GC WORKS/
7		ASSOCIATES	CPZ ARCHITECTS
8			
9	W. UNDERWOOD	Absent	Absent
10	R. MUNIZ	2	1
11	M. KUTNEY	Absent	Absent
12	L. PETERS	Absent	Absent
13	B. CARNEY	2	1
14	H. HYMAN	2	1
15			
16	TOTAL	6	3
17			
18	RANKING	2nd	1st

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) GC Works, Inc	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.) 20283 State Road 7, Suite 300	
	City, state, and ZIP code Boca Raton, FL 33498	
List account number(s) here (optional)		
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
OR								
Employer identification number								
6	5	1	1	4	8	2	3	5

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person 	Date 8/22/06
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

**Town of Davie
Vendor/Bidder Disclosure**

I, David Padron, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: CIC WORKS
Address: 20283 STATE RD 7
SUITE 300 BOCCARATON, FL 33498
FEIN 65-1148837
State and date of incorporation FL 10/25/2001

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>LOINCE WAGNER</u>	<u>4141 NE 2nd AVE SUITE 105B</u>	<u>100 %</u>
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

By: Jessica Brawn
Signature of Affiant

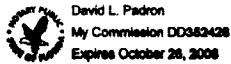
Date: 9/8/06

Jessica Brawn
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 8th day of
September 2006, by Jessica Brawn, he/she is
personally known to me or has presented _____ as
identification.

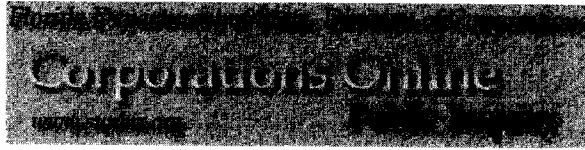
David L. Padron
Notary Public, State of Florida at Large

DAVID PADRON
Print or Stamp of Notary



DD352428
Serial Number

My Commission Expires : 10/26/08



Florida Profit**GC WORKS, INC.**

PRINCIPAL ADDRESS

4141 NW 2ND AVE.
105B
MIAMI FL 33137
Changed 05/23/2006

MAILING ADDRESS

4141 NW 2ND AVE.
105B
MIAMI FL 33137
Changed 05/23/2006

Document Number
P01000103226

FEI Number
651148837

Date Filed
10/25/2001

State
FL

Status
ACTIVE

Effective Date
NONE

Registered Agent

Name & Address
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145

Officer/Director Detail

Name & Address	Title
WAYNE, LANCE D 1521 ALTON ROAD #113 MIAMI BEACH FL 33139	PSTD

Annual Reports

Report Year	Filed Date
2004	05/02/2004
2005	04/01/2005
2006	05/23/2006

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No Events

No Name History Information

Document Images

Listed below are the images available for this filing.

05/23/2006 -- ANNUAL REPORT
04/01/2005 -- ANNUAL REPORT
05/02/2004 -- ANNUAL REPORT
05/02/2003 -- ANN REP/UNIFORM BUS REP
06/19/2002 -- COR - ANN REP/UNIFORM BUS REP
10/25/2001 -- Domestic Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT[Corporations Registry](#)[Corporations Registry](#)

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